

<b>REISSUE APPLICATION DECLARATION BY THE INVENTOR</b>		Docket Number (Optional) <b>KC001.RE</b>
<p>I hereby declare that: Each inventor's residence, mailing address and citizenship are stated below next to their name. I believe the inventors named below to be the original and first inventor(s) of the subject matter which is described and claimed in patent number <u>6,286,240</u>, granted <u>9/11/2001</u> and for which a reissue patent is sought on the invention entitled <u>SAFETY DEVICE FOR FIREARMS</u>, the specification of which <input checked="" type="checkbox"/> is attached hereto. <input type="checkbox"/> was filed on _____ as reissue application number _____ and was amended on _____ (If applicable)</p> <p>I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p> <p><input type="checkbox"/> I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.</p> <p>I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing. <input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent. <input type="checkbox"/> by reason of other errors.</p> <p>At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening: <b>The patent was issued with three claims, none of which covers certain features the applicant deems important to the invention. Among the features applicant wishes to capture are the ability to operate the firearm when there is no power to the microprocessor</b></p>		

[Page 1 of 2]

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: **Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

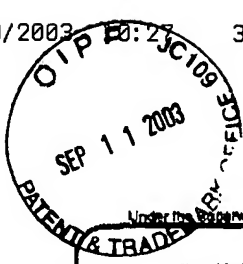


PTO/SB/81 (07-03)

Approved for use through 01/31/2004. OMB 0651-0032  
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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)		Docket Number (Optional) KC001.RE	
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.			
Note: To appoint a power of attorney, use form PTO/SB/81.			
Correspondence Address: Direct all communications about the application to:			
<input type="checkbox"/> Customer Number:			
OR			
<input checked="" type="checkbox"/> Firm or Individual Name	Alfred F. Hoyte, Jr.		
Address	733 15th Street, N.W.		
Address	Suite 700		
City	Washington	State	DC Zip 20005
Country			
Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of sole or first inventor (given name, family name) KENNETH RAY COLLINS			
Inventor's signature	Kenneth R. Collins		Date 9-11-03
Residence	745-Wright Dr.		Citizenship U.S.
Mailing Address	Columbus, GA. 31907		
Full name of second joint inventor (given name, family name)			
Inventor's signature			Date
Residence			Citizenship
Mailing Address			
Full name of third joint inventor (given name, family name)			
Inventor's signature			Date
Residence			Citizenship
Mailing Address			
<input type="checkbox"/> Additional joint inventors or legal representative(s) are named on separately numbered sheets forms PTO/SB/02A or 02UR attached hereto.			



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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	Patent No. 6,286,240
Filing Date	
First Named Inventor	Collins
Title	SAFETY DEVICE FOR FIREARMS
Art Unit	
Examiner Name	
Attorney Docket Number	KC001.RE

I hereby appoint:

☐ Practitioner(s) at Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Alfred F. Hoyte, Jr.	33,812

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name: Alfred F. Hoyte, Jr.

Address: 733 15th Street, N.W.

Suite 700

City: Washington, D.C. State: D.C. Zip: 20005

Country: USA

Telephone: 202-737-7590 Fax: 202-737-7593

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/88)

**SIGNATURE of Applicant or Assignee of Record**

Name	KENNETH RAY COLLINS
Signature	<i>Kenneth R. Collins</i>
Date	9/11/2003
Telephone	334-297-9579

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representation(s) are required. Submit multiple forms if more than one signature is required. See footnote.

☐ Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a patent by the public when it is filed (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 5 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1480. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480.

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